

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10620432 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6						
7	X	X				
8						
9	/					
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12	X	X				
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TOTAL IND.	6					
TOTAL DEP.	16					
TOTAL CLAIMS	22					

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